

Shared lien on all business assets

SMALL EMPLOYER LOAN FUND (SELF) APPLICATION

BANK OF NORTH DAKOTA LENDING SFN 61830 (05-2020)

800.472.2166 800.366.6888 TTY 701.328.5600 bnd.nd.gov

PO Box 5509, 1200 Memorial Hwy

Bismarck, ND 58506-5509

FORM MUST BE COMPLETED AND SUBMITTED BY A FINANCIAL INSTITUTION

INSTRUCTIONS: Please send completed application to BNDSELFLoan@nd.gov. This is the only documentation required to process this request. Upon review and approval, Bank of North Dakota will issue a commitment letter, via email, to the Account Officer listed on this application. Funding instructions will be outlined on the commitment letter. Program information can be found here. Loan applications must be received by November 30, 2020.

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General Elig	jibility							
If any of the below responses are NO, the loan <u>cannot</u> be approved:							No	
Did the borrower incur economic injury as a result of the COVID-19 pandemic?								
2. As of March 1	3, 2020, the borrows	er:				<u>'</u>	•	
a. Had a phy	sical presence in Noi	rth Dakota						
b. Was curre	nt on financial obliga	tions						
c. Along with	any guarantors, sho	wed the capacity or his	storical ability to service debt					
d. Had 10 or	less full-time equival	ents (FTE)						
e. An owner	with at least 20% ow	nership, or a guarantor	had a minimum credit score of	650				
3. Has the borro	wer(s) confirmed the	proceeds will be used	l for eligible purposes?					
4. The borrower	is in good standing v	with the Secretary of S	tate					
Maximum Lo		nses (excluding depreciation 2	On) + Interest)+ Restart Inventory					
2019 Operatir	ng Expenses	Interest	Restart Inventory* Maximum SELF Loan Amount (Max Limit: \$50,000)					
	f restart inventory is elated Business		that enables a business to ope	erate at pre-pandemic le	vels.			
If any of the below responses are YES, the loan <u>cannot</u> be approved:						Yes	No	
1. Will loan proc	eeds be used for any	y marijuana-related bus	siness activities?					
2. Does a borrov	wer, an owner with at	t least 20% ownership,	or a guarantor generate revenu	ue from marijuana-relate	ed business activities	?		
Originating	Eineneiel Inetitu	ıtion						
	Financial Instituncial Institu	Ition						
Address			City	City			de	
Account Officer			Email Address	Email Address Tel			elephone Number	
Loan Assistant			Email Address	Email Address Teleph			ne Number	
Loan Terms			l		1			
			ota's Loan Amount (100% pa	s Loan Amount (100% part) County Code				
Loan Type Term	Rate 1.00%	Term 10 years	Amortization Period Prepayment Penalty 9.5 years - P&I payments deferred 6 mos None				ılty	
Security (if To	tal I oan Amount >	· \$25 000)	Automatic Payments					

No

Yes

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Applicant Informatio Borrower Name	1			Tax Ident	ification (ID) Number	
Telephone Number			Date of Birth (if applicable)				
Mailing Address							
	nt than the mailing address)						
•	in than the mailing address)				1		
City					State	ZIP Code	
Recipient of the Paycheck Protection Program (PPP) Funds Yes No (NOTE: Receipt of PPP Funds does not affect e			gibility)	NAICS (Code		
Co-Borrower Name			Tax Identification (ID) Num			(ID) Number	
Telephone Number			Date of Birth (if applicable)				
Mailing Address							
Street Address (if differe	nt than the mailing address)						
City				State	ZIP Code		
List Owners (with 20°	% or more ownership) and A	ALL Gu	uarantors				
Name			Title		Telepho	one Number	
Address			City		State	ZIP Code	
Tax ID Number	Ownership Percentage	%	Guarantee Limited X Unlimite	ed			
Name			Title			Telephone Number	
Address			City		State	ZIP Code	
Tax ID Number	Ownership Percentage	%	Guarantee Limited X Unlimite	ed			
Name			Title			Telephone Number	
Address			City		State	ZIP Code	
Tax ID Number	Ownership Percentage	%	Guarantee Limited X Unlimite	ed			
Click for Additional Owne	r/Guarantor(s)						
		CED	TIFICATION				

shall, be consistent with prudent closing practices, be required in order fully to protect or preserve the interests of Lender and BND in the loan. Originating Lender acknowledges BND will accept and maintain an electronic version of this application.

Originating Lender Account Officer		

Note: Prior to signing, ensure entire form is complete. No edits allowed.